

IF file

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	ANNAMALAI et al.	Examiner:	Bijendra K. Shrestha
Application No.:	10/047,766	Art Unit:	3691
Filed:	January 15, 2002	Docket No.	ARIBP049
Title:	MULTIPLE AWARD OPTIMIZATION		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

Jan. 28, 2010.

[Signature]
Veronica Pula

TRANSMITTAL OF COMMUNICATION F

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is Communication F in response to Office Action mailed September 28, 2009 in the above-identified application.

The fee has been calculated as shown below.

CLAIMS	After Amd.	HP*	Extra	Small Entity			Large Entity	
				Rate	Fee		Rate	Fee
Total	32	32	-0-	x \$26 = \$		OR	x \$52 = \$	
Independent	5	5	-0-	x \$110 = \$		OR	x \$220 = \$	
Multiple Dependent Claims				x \$195 = \$		OR	x \$390 = \$	
*HP = Highest previously paid				TOTAL FEE \$		OR	TOTAL FEE \$	-0-

☒ Applicant(s) hereby petition for following extension of time in which to respond to the outstanding Office Action.

	SMALL ENTITY			LARGE ENTITY	
	Rate	Add'l Fee		Rate	Add'l Fee
<input checked="" type="checkbox"/> Extension for Response within FIRST month	x \$65 = \$		OR	x \$130 = \$	130.00
<input type="checkbox"/> Extension for Response within SECOND month	x \$245 = \$		OR	x \$490 = \$	
<input type="checkbox"/> Extension for Response within THIRD month	x \$555 = \$		OR	x \$1110 = \$	
<input type="checkbox"/> Extension for Response within FOURTH month	x \$865 = \$		OR	x \$1730 = \$	
<input type="checkbox"/> Extension for Response within FIFTH month	x \$1175 = \$		OR	x \$2350 = \$	

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Application Serial No.: 10/047,766
Attorney Docket No.: ARIBP049

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☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0685. (ARIBP049).

☒ Enclosed is our Check No. 50293 in the amount of \$130.00 to cover the additional claim fee and/or extension of time fees.

☐ Enclosed is Applicant Initiated Interview Request Form, PTOL-413A.


☐ Enclosed are _____ sheets replacement drawings.

☐ Please charge Deposit Account No. 50-0685 (ARIBP049) in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.

☒ If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (ARIBP049).

☒ OTHER: Four (4) Sheets of New Drawings

Respectfully submitted,
VAN PELT, YI & JAMES LLP


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